

3. CLOSURE OF WASTEWATER TREATMENT
PLANT DISCHARGING TO THE ALLEGHENY COUNTY SANITARY AUTHORITY SYSTEM

Union Switch & Signal Division began to dismantle and decommission the Wastewater Treatment Plant on September 24, 1987 following the decommissioning of the Plating Operation. The work was broken down into three phases:

1. Removal of all machinery and equipment.
2. Removal and disposal of all associated waste materials.
3. Pressure washing of building.

Payson Associate, Inc. purchased all equipment associated with the Wastewater Treatment Plant on May 1, 1987 and removed the equipment from September 24, 1987 through October 3, 1987.

All waste was drummed and moved to the staging area by U.S. & S personnel. Cecos International, Inc. removed the liquefied Metal Hydroxide Sludges from the staging area using a vacuum truck and transported the material to their Niagara Falls facility. (ref. Exhibit 3.1.1 New York State manifest NYA410070 and Exhibit 3.1.2)

The pressure washing of the building began October 4, 1987. All work was completed with U.S. & S. labor by October 10, 1987.

The rinsate from the pressure washing of the Wastewater Treatment Plant was included in the November 18, 1987 shipment to Cecos International Inc. and disposed of at their Niagara Falls, New York facility.

Mr. Arthur Tamilia, Chief of Industrial Wastes and Waste Water Quality Management from the Allegheny County Sanitary Authority was notified that all processes contributing to our permitted discharge had been eliminated on October 30, 1987 (ref. Exhibit 3.2.1 U.S. & S. Div. letter).



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

Exhibit 3.1.1

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved OMB No 2000-0404 Expires 7-31-02

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. PA D 000 000 1 1 1 5 0 0 7 0 3		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal Law.			
3. Generator's Name and Mailing Address Union Switch and Signal Div. of American Standard 5600 Corporate Drive Pittsburgh, PA 15237				A. State Manifest Document No. NY A 410070 3		B. Generator's ID					
4. Generator's Phone (412) 244-3163				C. State Transporter's ID 4E773A		D. Transporter's Phone (716) 773-1921					
5. Transporter 1 (Company Name) Buffalo Fuel Corp.				6. US EPA ID Number P T E 0 3 1 8 0 9 9 5 2		E. State Transporter's ID					
7. Transporter 2 (Company Name)				8. US EPA ID Number		F. Transporter's Phone ()					
9. Designated Facility Name and Site Address CECOS International, Inc. 4200 Niagara Falls Blvd. Niagara Falls, NY 14303				10. US EPA ID Number N Y E 0 8 0 3 3 6 2 4 1		G. State Facility's ID					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Hazardous waste liquid N.O.S., ORN-L EA 9189 (F006)				1		3,650 G				F-006	
b.											
c.											
d.											
J. Additional Descriptions for Materials listed Above offering line wash water, 6 plugs 4 PAC Kinside				K. Handling Codes for Wastes Listed Above							
a.				1		c					
b.						d					
15. Special Handling Instructions and Additional Information CECOS WOF 267417 CECOS Product Code: 11551AAG Buffalo FES Job 312002											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002 (b) of RCRA, I also certify that I have a program in place to reduce volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.											
Printed/Typed Name M D Toleda				Signature [Signature]				Mo. Day Year 11 11 1997			
17. Transporter 1 (Acknowledgement of Receipt of Materials)											
Printed/Typed Name [Name]				Signature [Signature]				Mo. Day Year 11 11 1997			
18. Transporter 2 (Acknowledgement or Receipt of Materials)											
Printed/Typed Name				Signature				Mo. Day Year			
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name				Signature				Mo. Day Year			

In case of emergency or spill, immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (516) 457-7362.

IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

GENERAL INFORMATION:

a) Generator's Name: Union Switched Signal Div b) EPA Generator No: PAD 00000115
State Registration No: _____
c) Generating Facility Complete Address: 1781 Braddock Ave.
Swissvale Pa. 15218
d) Authorized Company Representative: Dave Twardot Title: Mgr. Safety + Environment
e) Phone Number: (412)-273-4183 After Hours Phone Number: (412)-273-4000
f) Emergency Contact: Dave Twardot Title: Mgr. Safety + Environment Phone: (412)-273-4000
g) General Description of The Waste: Acid Hydrolysis plating sludge
h) Process Generating Waste: Plating off/scrub

WASTE PROPERTIES @ 25°C:

a) Physical State: ☒ Solid ☐ Powder ☐ Liquid ☐ Semi-solid (sludge) or
☐ Mixture—Describe _____ Viscosity: ☐ Low ☐ Medium ☐ High
b) Phases/Layers: ☒ Single ☐ Bilayered ☐ Multilayered
Percentage Volume Each Layer: Top 100 %, Solid; Middle _____ %, Bottom _____ %
c) Density: 1.1-1.3 ☐ Lbs./gal. ☐ Lbs./yd.³ ☐ g/cc. ☐ Other _____
d) Odor: ☒ None ☐ Mild or ☐ Strong ☐ Describe _____
e) Vapor Pressure (in mm of Hg): N/A (f) Color(s): gray
g) pH: 7-9 (h) Solubility (g/100 g H₂O): negligible
Flash Point: > 140 ☐ °C ☐ °F ☐ Open Cup ☒ Closed Cup

REACTIVITY:

Hydrophoric	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Autopolymerizable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Shock Sensitive	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acid Reactive	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alkaline Reactive	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pyrophoric	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Explosive	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Thermally Sensitive	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

THIS WASTE CONTAINS:

Biological Materials	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pathogens	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pesticides	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Etiological Agents	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dioxins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oils	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Free Cyanide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Free Sulfide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Free Ammonia	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Radioactive Materials	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Free Liquids	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Absorbents	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OSHA Carcinogens	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PCBs: (circle one) <u>(A)</u> B C D			

If yes, specify type (if applicable) and concentration in the waste composition, Section 5.

COMPLETE WASTE COMPOSITION:

ORGANIC

INORGANIC

water 50-75%
Iron Hydroxide c. 1% Iron Hydroxide 15-25%
Aluminum Hydroxide c. 2% Aluminum Hydroxide 5-10%
Sodium Hydroxide c. 2% Sodium Hydroxide 5-10%

Is this waste a "Hazardous Waste" as defined by regulations of the U.S. Environmental Protection Agency pursuant to 40 CFR 261 of the Resource Conservation and Recovery Act? Yes

Is this a "Hazardous Waste" as defined by State or Local Regulation? no

Is a sample included? ☐ Yes ☒ No

Anticipated Volume: 100 ☐ Gallons ☐ Tons ☐ Cubic Yards ☒ Other Drums

Per: ☐ Day ☐ Week ☐ Month ☐ Year, or ☒ Other once

To be transported in: ☐ Bulk ☐ CECO-PAK ☒ Drums (type/size) 17-H (55 gal + overpicks)

WASTE CHARACTERIZATION DATA

Exhibit A



Product Code

WCD Number

Reviewed By

BFI Waste Code

INSTRUCTIONS FOR WASTE CHARACTERIZATION DATA ADDENDUM

- GENERAL INFORMATION:

Business Contact - The name, title and telephone number of an individual representing the generator that the letter and contract addendum should be sent to.

Address - The complete address to which the invoice, quote letter, and contract addendum should be sent, if different than the Generating Facility Complete Address.

- WASTE CONTAINS:

Priority Pollutants - The 109 organic chemicals designed as priority pollutants by EPA - FOR AQUEOUS WASTES ONLY.

- VOLUME:

Indicate the type of vehicle (i.e.: Box Van, Roll-Off, Vac Truck, etc.).

2 - GENERATOR'S CERTIFICATION:

Authorized representative of the generator must sign the document and initial for recognition. The WCD will not be processed nor a disposal approval issued without this section completed.

IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS ADDENDUM

GENERAL INFORMATION:

Business Contact: Rich Hiltz Title: Buffalo District Mgr. Phone: (716)-691-9211

Sending Address: 10 Hazelwood Dr. Suite 100, Amherst N.Y. 14150

WASTE CONTAINS:

Priority Pollutants in excess of 50 ppm (Aqueous Wastes Only) _____
If yes, specify type and concentration in the waste composition, Section 5.

[] Yes [X] No

Type of Vehicle: Box Van

GENERATOR'S CERTIFICATION:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of composition or properties exists, and that all known or suspected hazards have been disclosed.

GENERATOR'S AUTHORIZED SIGNATORY:

2/87 Donald B. Hiltz District Manager R.H.H.
Signature Title Initials

FOR CECOS USE ONLY

SPECIAL CONDITIONS

- _____ A. MUST HAVE \geq 1500 LBS LOAD BEARING CAPACITY
- _____ B. FLASH POINT MUST BE GREATER THAN _____ °F
- _____ C. MUST NOT POSSESS A FLASH POINT AT 75°F
- _____ D. SHALL _____ DRUMS PER _____
- _____ E. OPERATIONS MUST BE NOTIFIED _____ WORKING DAYS PRIOR TO DELIVERY
- _____ F. MAXIMUM _____% SILLICATE SOLIDS BY VOLUME
- _____ G. MUST NOT POSSESS ANY STRONG ODORS
- _____ H. MUST NOT BE DUSTY
- _____ I. INITIAL LOADS ONLY _____ (NO OF DRUMS)
- _____ J. OTHER _____

SITE _____

METHOD

3 _____

4 _____

PRIMARY CORRESPONDENCE

☐ NOTIFICATION

☐ SUPPLEMENTAL REQUEST

(DEC. N. OR N. NUMBER)

Signature

Title

Hazardous Waste CL

PRODUCT CODE

B. MANIFEST INFORMATION

Proper USDOT Shipping Name

USDOT Hazard Class

UN or NA No

Local Haz
Waste NoHazardous Waste
Solid, n.o.s. (F001)

C.R.M.-E

W A 9 1 8 9

USEPA Hazardous Waste No(s).

USEPA Haz. Code(s)

F 0 0 1 - - - - -

T - - - -

10. Required personal protective equipment & handling procedures:

11. Supplemental information attached: N.Y. addendum

No. of pages

12. GENERATOR'S CERTIFICATION:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, no deliberate or willful omissions of composition or properties exists, and that all known or suspected hazards have been disclosed.

GENERATOR'S AUTHORIZED SIGNATORY:

7/10/87

SIGNATURE

Ronald R. Hilt

TITLE

Dist. Manager

INITIALS

R.R.H.

13.

THIS SECTION IS FOR REGULATORY AGENCY DOCUMENTATION

- A. APPROVAL STATUS: ☐ ACCEPTABLE ☐ APPROVAL WITHHELD ☐ DISAPPROVED
- B. REASONS OR SPECIAL CONDITIONS FOR APPROVAL STATUS:

DATE

SIGNATURE

TITLE/AGENCY

REPRESENTATIVE SAMPLE CERTIFICATE

This form is to be completed by the person obtaining the sample, preferably a representative of the generator. DO NOT COLLECT OR FORWARD SAMPLES THAT ARE RADIOACTIVE, SHOCK SENSITIVE, EXPLOSIVE, OR PYROPHORIC.

Generator's Company Name

Company's Address

Location of Sampling: Unit, Pond, Pit, Tank, etc.

Process Producing Waste

Date Sampled:

Time Sampled: AM PM

Volume of Sample Collected:

Type of Waste: (circle)

Sludge Wastewater Solid Mix Other (spec)

Phases/Layers: (circle)

Single Bilayered Multilayered

Type of Sampler: (circle)

Culivasa Grain Trier Scoop Auger Pond Weighted Bottle Thief Other (spec)

Composite Sample: Number of sub-samples Volume of sub-samples

Field Information: (Comments)

I certify this sample is representative of the waste to be managed.

CTOR

Print Name

Signature

Telephone Number

Title

Company